

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5425PCA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2009
NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2860 E FLAMINGO RD #C LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>Surveyor: 27469 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 10/13/09, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies.</p> <p>Complaint #NV00022996 was substantiated with deficiencies. Please refer to Tag (s) 0450 and 0480.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified.</p>	P 000		
P 450 SS=C	<p>Section 21.1(2) Grievance Procedure</p> <p>2. The administrator of an agency shall establish and enforce a procedure to respond to grievances, incidents and complaints concerning the agency in accordance with the written policies and procedures of the agency. The procedure established and enforced by the administrator must include a method for ensuring that the administrator or his designee is notified of each grievance, incident or complaint. The administrator or his designee shall personally investigate the matter in a timely manner. A client who files a grievance or complaint or reports an incident concerning the agency must be notified of the action taken in response to the grievance, complaint or report or must be given a reason why no action was</p>	P 450		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 450	Continued From page 1 taken. This STANDARD is not met as evidenced by: Surveyor: 27469 Based on interview, record review and policy review on 10/13/09, the agency failed to follow their Grievance Policy 3.200 for 1 of 1 clients (Client #1). There was no documented evidence of a grievance log, the complaintant was not given the Agency's Complaint Grievance form and the complaints were not responded to within two working days. Severity: 1 Scope: 3	P 450		
P 480 SS=D	Section 21.1(5) Written Client Rights Requirements 5. The written description of the rights of clients developed pursuant to subsection 4 must include, without limitation, a statement that each client has the right: (a) To receive considerate and respectful care that recognizes the inherent worth and dignity of each client; (b) To participate in the development of the service plan established for the client and to receive an explanation of the personal care services provided pursuant to the service plan and a copy of the service plan; (c) To receive the telephone number of the Bureau which may be contacted for complaints; (d) To receive notification of any authority of the Health Division to examine the records of the client as related to the regulation and evaluation of the agency by the Health Division; (e) To receive from the agency, within the limits	P 480		

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P 480	<p>Continued From page 2</p> <p>set by the service plan established for the client and within the program criteria, responses to reasonable requests for assistance; and (f) To receive information, upon request, concerning the policies and procedures of the agency, including, without limitation, the policies and procedures of the agency relating to charges, reimbursements and determinations concerning service plans.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27469 Based on interview, record review and policy review, the agency failed to follow their policy 3.2 Client Notification of Change in Service for 5 visits within 4 days for client #1. There was no documented evidence the client would receive feeding assistance on 9/28 (both shifts), 9/29 (both shifts) and 10/1 (AM shift) when there was no personal care attendant available.</p> <p>Severity: 2 Scope: 1</p>	P 480		

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